

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042078

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **460**

STATE FILE NUMBER

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY **Cole**

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jefferson City

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **1406 Monroe Street**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Cole**

c. CITY
OR
TOWN **Jefferson City**

Jefferson City

d. STREET ADDRESS (If outside, give location)

1406 Monroe Street

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Ralph

Middle

(None)

Last

Taggart

4. DATE OF DEATH

Month

November

Day

27

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-26-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY
State Public Bldgs.

11. BIRTHPLACE (City and state or country)
Marion, Missouri

12. CITIZEN OF WHAT COUNTRY
American

13a. FATHER'S NAME

Robert Taggart

13b. MOTHER'S MAIDEN NAME

Elizabeth Kirk

14. NAME OF HUSBAND OR WIFE

Margaret M. Binkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Margaret M. Taggart, J.C.M.

Address

[Redacted]

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1962 to present and last saw her alive on Nov 16, 1962
Death occurred at **11:30 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

Jefferson City

22c. DATE SIGNED

11/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 30 1962

23c. NAME OF CEMETERY OR CREMATORY

Riverview

23d. LOCATION (City, town, or county)

Jefferson City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home, Inc 700 Jefferson St. 3 December 1962

DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

R. Davis, M.D. - R. Richter, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

0269

0269

3

4 0

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94200

10

11

12 90-0

13 1-0

750 3 - 1962

31 03 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ormet Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.